Name and surname: ………………………… Szczecin, on ……………………

Field: ……………………………….

Discipline: ……………………………...

Album No.: ………………….

**Director of the Doctoral School**

**of the University of Szczecin**

**APPLICATION FOR A CHANGE OF A DOCTORAL THESIS SUPERVISOR\***

\*I request for a change of my doctoral thesis supervisor from *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution)* to *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution).*

\* I request for a change of my doctoral thesis auxiliary supervisor from *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution)* to *Mr/Ms (state academic degree / title, name and surname)* of the Institute of *(state the name of an institute or a higher education institution)*.

Justification for a change of a doctoral thesis supervisor and/or\* doctoral thesis auxiliary supervisor:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

…..……………………………………………

Date and doctoral student’s legible signature

\*I consent to the change of the doctoral thesis supervisor of

Mr/Ms ……………………………………. (*doctoral student’s name and surname*).

………………………………………………

Date and legible signature of the previous doctoral thesis supervisor

\* I consent to become the doctoral thesis supervisor of

Mr/Ms……………………………………… (*doctoral student’s name and surname).*

….……………………………………………

Date and legible signature of the person proposed for a doctoral thesis supervisor

\* I consent to the change of the doctoral thesis auxiliary supervisor of

Mr/Ms ……………………………………. (*doctoral student’s name and surname*).

 ………………………………………………

Date and legible signature of the previous doctoral thesis auxiliary supervisor

\* I consent to become the doctoral thesis auxiliarly supervisor of

Mr/Ms……………………………………… (*doctoral student’s name and surname).*

….……………………………………………

Date and legible signature of the person proposed for a doctoral thesis auxiliary supervisor

\* delete as appropriate